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OF
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BY

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PREFACE.

THE opinions which prevail among experts respecting syphilis, are at this present moment in a state of chaos. A great school had arisen, a great doctrine was announced, many ardent pupils had disseminated the teachings of the master ; but before the lessons had time to filter into the deep strata of general practice, the master himself had recognised and acknowledged flaws in the beautifully contrived, but artificially constructed scheme ; and nobody can now tell what part of his theories M. Ricord holds to, and what he gives up.

In this interval, whilst the artist is re-constructing his dismantled superstructure, I would endeavour to enlist the labours and sympathies of my fellow brain-workers in behalf of Nature herself, and ask them to give this our "kind mother" one more chance of showing whether in this disease, as in others, she is a Destructive or a Conservative Power. We have been taught that, although other diseases may be modified and subdued by the benign effects of the *vis medicatrix naturæ*, Syphilis is beyond the pale of this kindly influence. I will simply say here, that I have put this assertion to the test, and have found it, happily, not true. Distrustful of my own examination of the

question, I have sought amongst the writings of the men of most experience for enlightenment; and in the following pages have epitomized their various opinions.

Having during the last seventeen years been largely engaged in the treatment of this disease at the Royal Free Hospital, where many thousand cases are seen during the year, it will readily be supposed that every kind of treatment has been adopted to facilitate the cure. Beginning, as I had been taught, with the mercurial treatment, I was enabled to test its remedial power upon a very extensive scale. Driven by failures and frequent relapses from this scholastic resource, I passed to other less injurious methods of treatment, and had the satisfaction of finding, that, under these circumstances, the disease never assumed those frightful forms which were seen when it was treated by mercury.

I have not attempted to write an elaborate treatise upon Syphilis. If the active duties of a laborious professional life did not preclude me from undertaking such a task, I should nevertheless be disinclined to go systematically through all the varying outward appearances which result from this poison. I have taken the disease as a whole, investigated the theories to which it has given birth, observed it in its natural progress, and formed my conclusions from so large a basis, that I feel myself not only justified, but called upon to put them into circulation, and submit them to the judgment of my professional compeers.

There is one statement found in books, which I take the liberty of refuting here. It is asserted that there is so much difference between hospital and private patients, that the treatment which

is good in one case is bad in the other. I assert that there is no foundation for such a statement. Syphilis is no respecter of persons. No class is exempt from its constitutional effects. The hygienic and dietetic means of cure are certainly more within the grasp of the one class than they are of the other ; but, independently of this, the *methodus medendi* is the same, and the therapeutic measures for carrying it out apply equally to all ranks ; constitutional peculiarities being the only guide for varying our remedial agents.

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THE RELATIVE INFLUENCE OF NATURE AND ART

IN

THE CURE OF SYPHILIS.

CHAPTER I.

THE Natural History of Disease has no literature in this or any other country. Custom, since the time of Hippocrates, and further back, for aught we know, has so compelled the interference of Art, that he who should propose to stand by and watch, without attempting to aid or thwart Nature in her reparative or destructive proceedings, would be considered inhuman, and render himself liable to the penalties of legal enactments. It is true that Pathology teaches what has happened to various organs which have been fatally injured by disease. It is likewise true that a small band of thoughtful men, seeing the imperfections and failures of the medical art in many of its most important requirements, have, by a system called Expectant Medicine, sought to study disease in its natural progress. But *stare vias antiquas* is so much the rule and habit of our nature, that the difficulty of going back to first principles, and finding out what Nature would do in all diseases if left to her unaided forces, is almost insurmountable. And yet without this fundamental knowledge medicine must remain, as it has been called, a conjectural art.

Two causes tend to obstruct the prosecution of the study of

the natural history of disease. The first of these is the remarkable ignorance of the general public in all matters pertaining to medicine as a science ; the second is the blind observance of routine, and the want of boldness in the teachers of our students in the various schools and colleges.

Although every gentleman can discuss with you, political and legal rights which affect the disposition of person and property, and although few in this country delegate to another the selection of their form of belief in a future state, because most men consider themselves competent judges in such important matters ; it is nevertheless a fact that, as regards the structure and functions of their own bodies—themselves and all those about them—they know nothing. The *γνῶθι σεαυτοῦ* has been applied to the mind, but never to the magnificent machine which was made “after His own image.” Because of this strange disregard, even amongst the most highly educated, of a knowledge which should be applied to check, and criticise, the operations of the professed expert, when called to remedy some temporary defect in the working of the machinery ; the blundering ignoramus is confounded with the intelligent and instructed seeker after truth, and he who loudly promises, is ignorantly preferred to him, who quietly performs. But if the so-called educated public is to blame for the encouragement it gives to blatant empiricism, and the consequent death-blows it deals to the advancement of scientific medicine ; how much more to be condemned are those enlightened professors who teach doctrines they do not carry out in their practice, and leave young men to wade through the same exhaustive process they themselves have traversed ? Do not all men of large experience know, how much foundation there is for the sayings of those eminent physicians, Dr. Baillie and Dr. Williams of St. Thomas’s, “That in early life we have many

remedies for each disease, but that in advanced life we have one remedy for many diseases?" If experience acquires this knowledge in one generation, why is it not applied in the next? and why are our young men continually drilled and manœuvred after an effete fashion, which will influence for a lifetime all those who have not subsequent opportunities, and habits of independent inquiry given them, to enable them to throw off the uniform of the schools, and discard many useless weapons in favour of that sterling few whose temper cannot be impeached?

Even now, the Pharmacopœia, that official olla podrida, is undergoing the process of revision, and doubtless, amplification; and whilst there are only some half dozen effects to be produced in the human body, for the relief of its disordered functions, there will be doubtless as many hundred remedies authoritatively proclaimed, to the mystification of both patient and student, and the exaltation of the details, at the cost of the guiding principles of art.

Man, impatient of the physical evils to which he is liable, has sought relief from so many artificial sources, that drugs have multiplied like Acts of Parliament. As a codification of the latter is being attempted, so should we endeavour to eliminate from the long list of the former those less efficient duplicates, which cumber the thoughts of the student. Thus may we bring out into bolder relief, the active virtues of our really useful drugs, and with the aid of a good classification, in accordance with the respective actions of these remedial agents upon the animal economy, we shall be prepared at once to apply the force which produces the physiological effect we desire to obtain, and so rationally and really help Nature to combat the disease, which is interfering with the due and healthy processes of life.

With so intricate a machine as the living human body, capable

of being affected by so many extrinsic as well as intrinsic influences, each individual differing from his neighbour, it should be perhaps no cause for wonder that those who have devoted themselves to medical studies, have in times past theorized on insufficient data, and been led away by the metaphysical fashions of an age to cover in a mist of logic and false ratiocination, the partial truths revealed by the observation of a few cases. The medical followers of the illustrious Bacon were few and far between, until, less than half a century since, an enlightened French physician applied those glorious teachings of the philosopher to the study of disease, and the bread which our own Solon had cast upon the waters, returned to his native land after years of forgetfulness and neglect.

Although the true inductive method of study is of comparatively modern date amongst us, it has already obtained triumphs of no ordinary character ; and whilst it has confirmed some, it has, on the other hand, disturbed and overthrown many of the previously accepted theories, and modes of practice, enjoined by the more Aristotelian school of the previous century. Perhaps in no disease, with the single exception of phthisis, has this *bouleversement* of opinion and practice been more manifest than in the case of syphilis.

CHAPTER II.

IT is now nearly four hundred years ago that Syphilis spread over Europe like an epidemic, and no class was exempt from its horrible effects. Looked upon in the light of any other infectious disorder, the medical authors of the time did not scruple to publish the cases of princes, abbots, bishops, cardinals, and even popes. Treatises on the venereal disease were dedicated to princes and dignitaries of the church, and one ecclesiastic published even his own case. At that time, the Church held the keys of all knowledge, and her curates exercised the medical art in aid of her spiritual as well as temporal aggrandizement. With the imperfect knowledge such an education necessarily gave, it follows that all treatment of this disease was not only empirical, but ridiculous. Gradually, as the incubus of ecclesiastical supremacy was removed, and laymen were induced to devote themselves to the study of medicine as a science, various remedies for syphilis were suggested, and employed; but still this disease continued to be a scourge to society, baffling and setting at naught the science and industry of the most learned men of the time. Mercury, a drug much used by the Arabian physicians, was one of the remedies that was tried in the earliest recorded cases; but it soon fell into disuse, owing to the ravages its indiscriminate employment effected. Then came guaiac, mezereon, sarsaparilla, sassafras, the mineral acids, sulphur, antimony, and a host of

other less known drugs, each having their especial advocates and their brief reign of popularity, and all in their turn subsiding into a not unmerited obscurity.

Among the host of writers upon syphilis, perhaps Grunbeck, and Petrus Pinctor, physician to the licentious Pope Alexander VI., whose works appeared a few years only after the great outbreak of the disease, on the return of Columbus from St. Domingo, were the only authors up to the beginning of the present century, who conceived and enunciated the true principles of treatment. And although these physicians did not themselves carry out their own views, in the rational manner which is now adopted, by those who agree with the fundamental principles they had the credit of propounding; there is no question that the conclusions they arrived at, from the contemplation of a disease new to them, and in the treatment of which they were unbiassed by any established, or routine line of practice, were those which Nature herself taught to observant men; and every deviation from those conclusions has created confusion, and error, from which the community at large has suffered to a most terrible extent. Petrus Pinctor, in the treatment of syphilis, urged the application of the precept laid down by Rhases and Galen:—"Debet medicus *juvare naturam* ad expellendam materiam ad superficiem cutis;" whilst Grunbeck, who had himself suffered from the disease, adds to the eliminative theory the observance of a due care for the supply of healthy nourishment:—"Et est rectificatio corporis, et hoc contingit bifarie, uno modo per debitum vitæ regimen, alio modo per debitam evacuationem."

These rules of practice were too simple to prevail in those days of mystery and occult art. Theories very soon superseded actual experience; and specifics, acting as opponents to the venereal virus, were sought for in all the agents which were

employed to remedy this disease. Mercury was supposed to have an occult power over the disease. When once faith is exalted over reason in medical matters, we have evidence in our days of the extent of folly to which even educated men will commit themselves. We must not wonder, then, that, in days gone by, the "occult" power of mercury being granted, its use became an abuse of the most frightful character ; and the more the disease would not yield to its employment, the more was the unhappy sufferer plied with the "occult" mineral. The universal belief in the fables of astrology showed that men's minds were governed by fanciful theories incapable of demonstration, so that the corruption of the medical mind was in accordance with the fashion of the period—a fashion which pursued the *ignis fatuus* of a spurious ratiocination, in preference to a calm observation of the natural laws which govern the universe, the study of which is the highest and noblest pursuit of man.

It has been remarked that the first observers of the new disease which spread over Europe at the termination of the fifteenth century, were, in their ignorance, necessarily students of Nature. To them was accorded the advantage which is rarely obtained in the present day, of noting how syphilis will behave itself in the human frame, when left wholly to its own devices ; and we have seen that these observations led two of the most prominent men of the time to the conclusion that elimination of the poison, principally by the skin, but impliedly by the other natural outlets of the body, was the most efficient method of curing the disease. There is likewise a somewhat extraordinary confirmation of these early opinions given in a book published in Brussels in 1662, by one Sieur Emanuel d'Aranda, who had been in captivity at Algiers. He says, "My master, Alli Pegelin, among his slaves, had one named Juan Motoza, who

was so miserably afflicted with the venereal that he became unable to work. When the spring came, and the galleys went to sea, Juan Motoza was ordered to embark in one of them. This was anything but agreeable to him, thinking that hot-air baths, and the like, would be more proper for his cure than rowing in the galleys; he therefore went to his master, and addressing him, said, 'Your Highness has ordered me on board a galley, for which I am wholly unable; and I have hitherto been excused from working, being sick and disabled both in my legs and arms.' Pegelin said to him, 'What is the matter with you?' Motoza told him the nature of his complaint. Then Pegelin, laughing, said to him, 'Go on board the galleys, and that will make thee sooner well than all the stoving in Spain.' So Juan Motoza embarked, was chained by the leg like the other slaves, and, by the help of the cow-skin, they made him row like the others. His daily food consisted of an old and dry biscuit, his drink clear water. At the end of forty days Juan Motoza was entirely cured. The reason is," says d'Aranda, "that, by the hardness of the labour, he had sweated excessively, and had, besides, eaten dry food."

Although the absence of a reliable diagnosis in the case of Juan Motoza, and the uncertainty of the permanence of the cure, are weak points in the narrative; we have the testimony of Fallopius and Van Swieten in support of the statement, that men condemned to the galleys in the Mediterranean, were cured of the venereal disease, by the hard labour they endured. Notwithstanding that Van Swieten, like his distinguished master Boerhaave, used mercury very largely in his treatment of syphilis, he was too honest not to perceive that in many instances, this mineral, not only entirely failed in effecting a cure, but that its continuance had the effect of aggravating all the symptoms. In his *Commentaries* he relates

the case of a young gentleman who was reduced to the most deplorable condition. He had undergone four salivations, after each of which, the disease still broke out afresh. He had nodes on the sternum, clavicles, and forehead; his skin was covered with blotches, and he had nocturnal pains in his bones. "As he was poor and destitute," continues Van Swieten, "I placed him with a husbandman, in the station of a servant, without any other wages than his victuals, which were homely and scanty. His drink was thin sour-whey and buttermilk. He began this kind of life in the beginning of April, and resolutely continued it until the beginning of October, when he returned perfectly recovered. I saw him some years afterwards, married, and blessed with a healthy progeny." A stronger proof of the remedial powers, inherent in the human frame itself, it would be impossible to relate. Here do we see Nature triumphing over Art, and rebuking the artist in the most emphatic tones, for his persistence in a plan of treatment, which his senses should have told him was in violent opposition to the reparative process Nature herself was prepared to employ. Similar cases have passed under my own observation, but I reserve any further reference to them until we have seen what efforts have been made during the present century to study the natural history of syphilis, when uninfluenced by what has been called specific treatment.

CHAPTER III.

THE treatment of the venereal disease in all its forms, up to and far into the present century, was founded upon the theory that there was a sort of foul fiend to be fought with, and mercury was the exorcising power to be used for his discomfiture and banishment. Our continental wars about this time gave the surgeons of our armies large opportunities of witnessing, on the one hand, the ravages and mutilations attendant upon the mercurial courses almost universally employed in the English army; and, on the other hand, not only the immunity from these miseries amongst the people and armies of other nations, but the far less severe character of the disease; and, moreover, the rapid cure of it without one particle of mercury. As is the case in the present day, in those schools where mercury is still looked upon as the *summum bonum* of all treatment, the surgeons of that time were horrified at the idea of treating syphilis without mercury. The English surgeon of those times did not differ from his fellow-countrymen, and treated with scorn and derision the opinions and practices of "ignorant" foreigners. Happily there are always a few cosmopolitan minds amongst the mass, who have the wit to see and acknowledge their own errors, and adopt the better customs of even their enemies. The names of Hennen, Rose, Guthrie, and Samuel Cooper, of William Fergusson, Inspector-General of Hospitals to the Portuguese army, Green of

Bristol, and Carmichael of Dublin, deserve always to be mentioned with honour, as having broken through the trammels of a deep-rooted practice, made the more difficult to upset on account of its having been recently strengthened, and apparently finally established, by the great authority of no less a person than John Hunter.

It needs not to show how that, owing to the natural and praiseworthy influence of a man so distinguished as John Hunter, the mercurialists flourished at the close of the last and the dawn of the present century. Having adopted the theory that syphilis, when once established, was ever progressive, and never let go its victim, unless arrested by mercury, Hunter was led into the error of denying to Nature that reparative power in this particular disease, which he had shown to have such paramount influence in all inflammatory affections, and more particularly in lesions of the muscular and the bony structures. Towering as he did over all his contemporaries as a physiologist, and by his indomitable perseverance and energy revolutionizing and re-creating the science of natural history, the members of his own profession were prepared to receive whatever dogmas he chose to establish, as Nature's laws, not to be controverted.

Following the usual bent of all enthusiastic students, the opinions and practice of the master were not only exaggerated, but misapplied ; and for many years, in the London and provincial hospitals, in the army and the navy, as well as in civil life, the use of mercury was rife and rampant. Mr. John Pearson, Senior Surgeon to the Lock Hospital, writing in the year 1800, says : " My opportunities of administering mercury have not extended to less than twenty thousand cases ; and I feel myself fully authorized to assert, that it is a remedy always to be confided in, under every form of lues venerea ; and where we have only

that one disease to contend with, that it is a certain antidote, and as safe in its operation as any other active medicine drawn from the vegetable or the mineral kingdom."

With thoughtless, illogical, and grim significance, the same author thus unconsciously comments, in a different page of the same work, upon his own opinions and practice: "In the course of two or three years after my appointment to the care of the Lock Hospital, I observed that in almost every year, one, and sometimes two instances of sudden death, occurred among the patients admitted into that institution; that these accidents could not be traced to any evident cause, and that the subjects were commonly men who had nearly, and sometimes entirely, completed their mercurial course.

"The morbid condition of the system which supervenes on these occasions during a mercurial course, and which tends to a fatal issue, is a state which, in a former work, I have denominated Erethismus; and is characterized by great depression of strength, a sense of anxiety about the præcordia, frequent sighing, trembling, partial or universal, a small, quick pulse, sometimes vomiting, a pale, contracted countenance, a sense of coldness; but the tongue is seldom furred, nor are the vital or natural functions much disordered. When these symptoms are present, a sudden and violent exertion of the animal power will sometimes prove fatal; for instance, walking hastily across the ward, rising up suddenly in the bed to take food or drink, or slightly struggling with some of their fellow-patients, are among the circumstances which have commonly preceded the sudden death of those afflicted with the mercurial erethismus." In such a case the Senior Surgeon of the Lock Hospital gravely advises a discontinuance of mercury, and even thinks that "it may not be superfluous to add, that a perseverance in the mercurial course, under

these circumstances, will seldom restrain the progress of the disease, or be productive of any advantage."

Mr. Geoghegan of Dublin, writing at about the same time, in a work dedicated to Mr. John Pearson, says :—"A case was communicated to me, in the year 1799, of a young man who was using mercury for chancres, and when they were nearly healed, a dressing of the ung. æruginis was applied to a small sore that proved obstinate ; inflammation succeeded, the dose of mercury was increased, mortification took place ; two surgeons of great experience were employed ; they advised calcined mercury to be given instead of the ointment. The mischief increased, all the neighbouring parts were destroyed, and it proved fatal." Although a warm advocate of the use of mercury, the same surgeon relates the case of "a gentleman who applied for advice immediately on discovering a small chancre. He was directed to rub in a drachm of mercurial ointment every night, and to take a mercurial pill twice a day ; after the third friction, his mouth showed that the mercury had taken effect, yet the sore increased in size ; phymosis took place, the mercury was persevered in, and the complaint was aggravated. I saw him on the fourteenth day, when one half the glans and prepuce were mortified. He expressed great surprise at his condition, after having applied the remedy at the moment the disease appeared." This author mentions other cases in which mercury, although aggravating the symptoms, had been re-employed three or four times in the same patient, and because the poor creatures ultimately escaped with their lives, it was considered that the power of the mineral over the disease was fully established.

In the present day, it seems extraordinary that such an evidently vicious practice should have been so persevered in, and that men having large opportunities of studying the effects of

remedies, should have so blinded themselves to the evil produced. The influence of authority is always most tyrannical, and he who shall dare dispute the dictum of a great man must be content to be considered a very small one, until, by great good fortune, the better practice be engrafted by the great one himself, or be brought into prominence by a successful rival.

This specific and artificial mode of treating syphilis had the effect of altogether preventing any observations as to how Nature would behave if the disease were left to her tender care. Until called into foreign lands by the exigencies of war, our army surgeons, at the commencement of the present century, had no opportunity of observing how syphilis affected other communities, and what means were employed to combat its effects.

Mr. Wm. Fergusson, Inspector-General of Hospitals to the Portuguese army, was among the first to observe and report upon the treatment of syphilis without mercury. In an admirable paper read before the Medico-Chirurgical Society, in 1812, Mr. Fergusson shows that the Portuguese suffered very much less than the English when attacked by syphilis, and that secondary symptoms were very rare amongst them, notwithstanding that their medical men used no mercury in the treatment of the disease, for which they were much ridiculed by the more learned and orthodox English. He says :—" I have now been upwards of two years at the head of their hospital department, and I can declare that it never occurred to me, amongst all the venereal patients whom in that time I have seen pass through the hospitals, to meet a single one under the influence of mercury, excepting those cases wherein I myself have personally superintended its administration. They go out cured by topical remedies alone, and I have lived long enough amongst them to ascertain that their return to hospital under such circumstances, for secondary symptoms, is far from an

universal, or even a frequent occurrence." The non-mercurial treatment became so popular in the German Legion at this time in the service of England, that the surgeons pertinaciously and even officially refused to prescribe mercury in syphilis, although ordered to do so by their superior officers.

It may be supposed that climate had much to do with the mitigation of the disease, and so no doubt it has ; but in order to prove that it had but a small influence, and that the abandonment of the mercurial courses was equally efficient in our own country, it is only necessary to refer to the papers of Mr. Rose, of the Coldstream Guards, and Mr. Guthrie, both published in 1817, when peace brought leisure and opportunities for pursuing this inquiry in a systematic manner, to show that mercury is not the specific it had been represented to be, and that perfect cures may be obtained without a particle of this mineral.

Mr. Rose says :—" I ventured to lay aside mercury entirely, with a view of observing for a time the progress of the virus when not interfered with by that specific. This we have seldom an opportunity of doing, as, from the confidence so unanimously entertained in it as an antidote to syphilis, few cases of the advanced stages of the disease are met with in which mercury has not been administered in some form or other. All ideas of specific remedies were entirely laid aside. The patients were usually confined to their beds, and such local applications were employed as the appearances of the sores seemed to indicate. Aperient medicines, antimony, bark, vitriolic acid, and occasionally sarsaparilla, were administered, if from any circumstances they were judged necessary." The local applications employed were principally solutions of hemlock and opium. No question can be raised about the reality of the syphilis of which Mr. Rose speaks, because he takes especial pains in

the record of his cases to mark the indurated condition of the primary sore.

Here, then, we have an exposition of how our alma mater Nature will act, when assisted only in her own plans, and when she is not thwarted by abortive attempts to supplant her in her own domain. "Without including," says Mr. Rose, "many slighter ulcerations, and those of which I lost sight immediately after their cure, I have, during the last two years, treated on the same system more than one hundred and twenty cases where I have been able to ascertain that my patients were in perfect health for many months afterwards." When the constitutional affection did follow this treatment, it was extremely mild, "and sometimes so slight that it would have escaped notice if it had not been carefully sought for." The more severe forms of ulcerated throat, and caries of the bones, were unknown in Mr. Rose's practice.

Mr. Guthrie, pursuing the same inquiry, says, in his "Observations on the Treatment of the Venereal Disease without Mercury," in the eighth volume of the *Medico-Chirurgical Transactions*:—"During the last eighteen months, in the York Hospital, Chelsea, Mr. Dease, Dr. Arthur, Dr. Gordon, and myself, have been in the habit of treating all cases of ulcers on the penis, whatever form or appearance they might have, by simple mild means, that is, by dry lint, or ointments or lotions for the most part not containing mercury, in order to obviate the objection that might be made to the application of it in any form; and of near one hundred cases which have been treated in this manner, all the ulcers healed without the use of mercury; and among them there were of course many of every description, from the common ulcer without excavation or induration, to the solitary ulcer possessing the true characteristics of chancre. Since Mr.

Rose, of the Guards, began to treat his people without mercury, and the practice was adopted at the York Hospital, it has been followed at several of the hospital stations: at Dover, at Chatham, and Edinburgh; and in different regiments at home and abroad, especially the 57th, and the Staff Corps of Cavalry in France. From these hospitals I have seen the reports of near four hundred cases more, which have been treated with the same results, as far as regards the cure of primary ulcers; each ulcer appears to have run a certain course, which, as to extent, was much the same as in one of the same appearance where mercury was supposed to be necessary; and at an indefinite period of time to have taken on a healing action, and in the greater number of instances skinned over rapidly, leaving a mark or depression showing a loss of substance. Of the hundred cases referred to as treated at the York Hospital, Chelsea, Mr. Guthrie says that six only were known to have secondary symptoms, and five of these were cured without mercury. In none were the bones affected. It will be observed that the treatment employed in these hundred cases was entirely local, and in reference to that circumstance, Mr. Guthrie says: "I have reason to think, from the treatment of other cases, that the duration of many of these cases might have been shortened by the regular exhibition of cathartic medicines combined with sudorifics."

Two hundred cases were treated without mercury in Edinburgh, fifty in the Dover Hospital, and large numbers by the surgeons of the 57th Regiment, and the Staff Cavalry Corps, with the same favourable results. The constitutional symptoms when they did appear were always much mitigated, and it was doubtless a great boon to the service, that the horrible effects of salivation were now divorced from the sufficiently miserable results of illicit intercourse.

Mr. Guthrie concludes his observations with the assertion that every kind of ulcer of the genitals, of whatever form or appearance, is curable without mercury. "This I consider to be established as a fact from the observation of more than five hundred cases."

Notwithstanding the large amount of evidence brought forward by these "Travelled Thanes," the English civil surgeons who "stayed at home at ease" were too much wedded to the practice propounded by Hunter, and supported by Abernethy, to give heed to the new-fangled notions of the military surgeons; but in Dublin and in Edinburgh the anti-mercurialists began to have some influence and authority, and from these schools emanated men who commenced the study of syphilis *de novo*, and brought to bear upon the subject philosophic minds unembued with the prejudice and superstition, as it may be almost called, respecting mercury, which prevailed in England. Wallace of Dublin treated syphilis by topical applications, and the internal use of nitrous acid; and found "cases treated in this way very seldom followed by secondary symptoms." Carmichael also treated many of the forms of secondary eruption without mercury; whilst Thompson and Syme and Liston in Edinburgh, were teaching anti-mercurial doctrines in the modern Athens. But undoubtedly the most elaborate and most valuable contribution to the literature of this subject was made by Drs. Fricke and Günther of the Hamburgh General Hospital. The profession is under a deep debt of gratitude to that learned physician, Dr. Graves of Dublin, for giving in his remarkable practical work on "Clinical Medicine," a digest of the labours of these German surgeons during the years 1824, 25, 26, and 27; and in so doing, he pledges himself to the fidelity of the details and results.

The treatment of syphilis in the Hamburgh Hospital during the above years was divided into two periods. During the first, mercury was employed as the chief remedy ; during the second, the disease was treated after the non-mercurial plan. The former comprised, for males, a space of eighteen months and a half (from January, 1824, to July, 1825); females, twenty-two months (January, 1824, to October, 1825). The latter included, for males, a period of two years and five and a half months ; for females, two years and two months.

A concluding paragraph sums up the results of the mercurial treatment during the first period in the following words :—" With regard to the certainty of cure, so far as the mercurial treatment is concerned, we must say, with many of our unprejudiced colleagues, that we are convinced by bitter experience that syphilis very often returned, in the secondary form, after the most cautious use of mercury, the most careful selection of the preparation, the strictest attention to diet, and a proper observation of precautionary measures. Of five hundred and seventy-three patients treated during the first period, one hundred and sixty-five (*i. e.*, nearly one-third) were attacked with secondary symptoms. All these were treated with mercury for the primary symptoms. Many patients came back (particularly after the use of mercurial frictions) with caries of the bones of the face ; some of these were afterwards cured without mercury, others are still under treatment." These authors remark further that "iritis and alopecia were observed only in a few cases, and invariably in patients who had been treated with mercury." Of the second period, *i. e.*, the treatment of syphilis without mercury, the report says—"After a trial of two years and a half, and the successful treatment of more than a thousand patients, the results of this treatment have proved so

favourable, that there appears no reason for lightly abandoning it, or returning to the former plan of treatment. As already stated, patients are cured in a much shorter time than before, and leave the hospital with much healthier looks. All the unpleasant phenomena attendant on salivation no longer harass them."

The treatment employed was great attention to cleanliness, rest in bed, a farinaceous and vegetable diet, and antiphlogistic medicines. When secondary symptoms arose, nitric acid and a decoction of the anti-syphilitic woods were administered.

Dr. Struntz, in a paper published in the *Berlin Medical Gazette*, says, that of seven hundred and forty-one patients, he had not met with a single case in which the non-mercurial plan had not succeeded. The celebrated Russian surgeon Pirogoff employed the non-mercurial plan of treatment, and found that relapses were less frequent and less violent than when mercury was used.

Whilst the Dublin school was conspicuous for a great diversity of opinion respecting the pathology as well as treatment of syphilis—Colles, and Carmichael, and Wallace, each in their published treatises propounding different theories, and pursuing a separate treatment—there can be but one opinion that their investigations did very much to improve and ventilate this obscure and difficult subject, and in some measure to anticipate much that has since been done in the Paris schools under the able leadership of the distinguished Ricord. Indeed, if we go back to the great outbreak of the disease in the fifteenth century, we shall find that the physicians of that time carefully noted and recorded the difference between the hard and soft chancre, although they did not arrive at the conclusions which Carmichael and Ricord have done respecting the all-important difference between these two pathological conditions. As time

passes on, and we now review the labours of M. Ricord in this department of pathology, we involuntarily accord him a high place in the Alhambra of Fame, for the great industry, perseverance, and freedom from prejudice, he has displayed, added to a logical intelligence, emphasized by an unwavering regard for the whole truth, whichever way it might affect his doctrines or his practice. The anti-mercurialists had never made much way with the Parisians; but when Ricord commenced his labours, M. Cullerier, his senior colleague in the Paris Venereal Hospital, was pursuing that plan with much satisfaction to himself, and benefit to his patients.

Before entering upon a consideration of the precise views of Ricord, it may be well to place before the reader the results of M. Cullerier's investigations, because they form the latest testimony in favour of the non-mercurial treatment previous to M. Ricord's appearance before the world as a syphiligraphist. M. Championnière, summing up the experiences of M. Cullerier, says:—"First, that the relapses after the employment of the simple treatment, regularly administered, are extremely rare, but that they occur at a very early period after the primitive infection; second, that those after primitive symptoms, abandoned to themselves, or of which the cure has been accelerated by cauterization, are not rare, but that in general they are not very serious; third, that the relapses of the incomplete mercurial treatment are very common, and that consecutive symptoms of all kinds, and of all degrees of severity, manifest themselves at every period; lastly, that the relapses among individuals who, at every appearance of primitive symptoms, have undergone a mercurial treatment in a manner the most complete, amount to a fourth part in the sum total of those he has observed; that they are excessively severe, and almost always consist of affections of

the fibrous and osseous systems, chronic tubercular affections of the skin, or extensive ulcerations of the mucous cavities."

The inoculations and clinical observations instituted by Ricord enabled him to show, as he conceived, which chancre was capable of infecting the whole system, and which was only local in its effects. Believing that he had established the fact that a soft chancre, which reproduced itself by inoculation, would not be followed by secondary symptoms, he treated this form of ulcer simply and successfully. The hard chancre he found incapable of transference by inoculation, and this was invariably succeeded by secondary symptoms, unless they could be arrested and prevented by the administration of mercury. Now, if this simple arrangement could be relied upon, the discovery would be the most practical and beneficial pathological improvement of modern times, excelling even in its importance the grand results obtained by Dr. Bright's investigations into the pathology of the kidney. But alas for human happiness, and alas for man's science, this beautiful theory, although having some considerable foundation, is but "a thing of threads and patches"—a royal ghost, it is true, but still a ghost, which must, and does, fade before the daylight of truth and experience. The explanation which this charming simplification of a theoretical chaos offered, of the success of the non-mercurial treatment, was balm to the hurt minds of those who followed the doctrines of Hunter, and Abernethy, and Colles with obsequious idleness. It was now plain that the venereal disease which had been cured without mercury, was not syphilis at all, and that the lively mineral was not only to be reinstated, but to be more than ever deified, if not by the master, at any rate by his pupils, as the only true specific for the veritable lues. Bow your heads, ye believers in the reparative powers of Nature, and let no man call himself surgeon

who dares to cure syphilis without the intervention of a six months' course of that peculiarly mild and always harmless specific. The young surgeons who came back from Paris were triumphant in the journals, in our societies, and in their published works, respecting the diagnosis of chancres. There was no longer any doubt about what kind of ulcer would infect the system; and when that ulcer was found, then, and then only, was mercury to be employed. Tables of the diagnostic characters of the hard and soft chancre were nicely drawn up, and from these papers it appeared that no one could fail to discriminate between the two. No hint was given that weeks may elapse in some instances before induration shall attack an apparently innocent ulcer, and the possibility of the virus of a soft "non-infecting" chancre producing a hard "infecting" sore was kept studiously in the background. These were little nodosities which somewhat obscured the brilliancy of the great discovery, and they were put on one side for after consideration at some convenient opportunity. Whilst the old experienced surgeons of this country maintained a significant silence, one, who may be supposed to speak their thoughts, although himself a young and teachable man, did not forbear to protest against many of the ideas put forward as proved facts by the Ricordites; and in his "Report on the Treatment of Syphilis," showed, from cases recorded in the public case-books of the hospital, that the grand division of "infecting" and "non-infecting" chancres did not hold good; that the suppurating bubo was not a protection to the constitution; and that the recurrence of secondary symptoms was in a great measure due to the habits of the patient. There is some inconsistency, however, in the paper of Mr. Holmes Coote, for whilst he acknowledges the production of constitutional symptoms after soft chancres, he deprecates the employ-

ment of mercury in these cases, and at the same time urges it in the event of an indurated chancre. The old fear of daring to act in opposition to an established routine, warps the minds of many of our best men. There is another peculiar statement of Mr. Holmes Coote which calls for observation, seeing that it is contrary to all experience, as far as I have been able to ascertain, and is positively contradicted by my own inquiries. He states that "the natural structure of the part determines the character of the sore," and that "the dense structure of the glans renders the occurrence of an indurated chancre impossible." If the first of these assertions were true, mercury must be as necessary, in Mr. Coote's opinion, for the cure of soft chancre as of the hard ; and if the second statement could be relied upon, we ought to have no hard chancres at the orifice of the urethra, occluding as they sometimes do the passage, and necessitating operative measures to permit the due emission of the urine. In fact, there is no end to the irreconcilable inconsistencies which pervade the writings of all authors upon this subject during the last thirty years.

Take, for instance, the great distinguishing feature of Ricord's opinions, so fully adopted by his very able exponent in this country, my friend and colleague, Mr. de Méric, and no less approved by Mr. Acton. If there be one point that is insisted on more than another, it is that the hard chancre infects the system unless prevented by mercury, and that the soft chancre does not infect the system. It is then shown as positively that the hard chancre is incapable of reproduction by inoculation. How, then, we may be permitted to ask, shall the hard chancre be communicated to a second person? It has been somewhat coyly conceded by those who value truth more than theory, that a soft chancre in one person may produce a hard chancre in

another; and, indeed, if it were not so, the disease must necessarily die out from the very obstinately unsocial character of the hard chancre. And if the soft chancre is, and must be, from the non-communicability of the hard chancre, the means of conveying syphilis from one person to another, how is it possible to maintain the specificity of the one form of ulcer over the other? The theory is beautiful, but untenable; and practice forbids its reception. The only rational explanation of the different symptoms which attend these two forms of ulcer, must be sought for in the different constitutions upon which each has been engrafted.

In the case of other animal poisons, we are accustomed to see some persons resist their influence altogether, whilst others are killed by a puncture. To these cases we at once apply our knowledge of the resisting or the non-resisting powers of the individual; whilst in syphilis, since the reign of the French pathologists in this department of surgery, we have abjured altogether the whole man, and given ourselves up to the study of the varying aspects of a local symptom. Those surgeons who adhere to the Ricord theories respecting chancre, will think it of the highest importance to distinguish the "infecting" from the "non-infecting" sore, and I have been told in a public society by a surgeon of repute, who has warmly espoused these opinions, that it is an easy matter to say what is and what is not a hard chancre. Respecting this important point I find much difference of opinion amongst authors, and will take the liberty of quoting here Mr. Henry Lee's opinions, as given in the recently published *System of Surgery*, edited by Mr. Holmes. He says, "We have at present no generally recognised and well-defined mark of distinction, independent of inoculation, between those diseases which are syphilitic and those which are not." Again,

“Infecting chancres do not generally show their specific characters for some time—even a month has elapsed before the induration has appeared.” And again, “It must be borne in mind that the character of a sore at one time is no certain indication of what it may previously have been, or of what it may ultimately become.”

When a gentleman of so much experience and logical acumen as Mr. Henry Lee, finds such obstacles to the ready recognition of an infecting as distinguished from a non-infecting chancre, we can afford to leave the dogmatists to their own unsupported assertions. Mr. Acton, feeling the difficulty of admitting the subsidence of a hard chancre without subsequent constitutional symptoms, has described a “bastard chancre,” which, having a hard base, wants some of the peculiarities of the so-called true syphilitic sore. He and others speak also of induration as the result of common inflammation. All these refined definitions show the difficulty of arriving at a description of that form of chancre, which alone shall be followed by constitutional syphilis. Even the master, Ricord himself, says, with his usual honesty, “I am not afraid to declare, were I even taxed with ignorance, that there have been cases where I found it impossible to give a decisive opinion with regard to a suspicious ulceration; and I am unfortunately not the only one thus puzzled.”—Ricord’s *Lectures*, translated by Victor de Méric.

Mr. Henry Lee endeavours to account for the hard, and the soft chancre, by attributing the former to an adhesive inflammation, lymph being the product; whilst the latter is due to suppurative inflammation. Although this opinion goes far to rob the hard chancre of its peculiar specific properties, and throw the disposing power back upon the individual constitution, yet Mr. Lee maintains the specificity of the hard chancre, and the non-

infecting nature of the soft chancre. How he reconciles these opinions with his experience as given in the following paragraph it is difficult to understand—

“It is not very uncommon in practice to see a suppurating sore continue for three or four weeks, when the suppuration will cease, and the part will become specifically indurated, and the patient will have secondary symptoms.”

This exposition of an every-day experience, taken together with the admission of M. Ricord himself, the necessity for establishing “bastard chancres,” and common hypertrophic chancres ; and the undoubted fact of the occurrence of secondary symptoms consequent upon soft chancres, as recognised by Guthrie and Wallace, and many of the writers upon this subject at the early part of the century, when these distinctions were recognised as fully as they now are ; ought surely to lead to a modification of the opinions which now dominate, and of a practice which is every day declaring itself to be more permanently injurious even than temporarily beneficial, which hides the wound for a season, but in truth acts only as the veil did to the Prophet of Khorassan.

It is a satisfaction to find from the Lettsomian Lectures delivered before the Medical Society of London by Mr. de Méric, that M. Ricord, not many years ago, entertained the opinion, that difference of constitution was the cause of the appearance or non-appearance of secondary symptoms after a chancre ; “that the seed was ever the same, but that the ground wherein it developed presented differences.” He has since abandoned this theory in a great measure, because he was unable to fix upon the kind of constitution which favoured or rejected the secondary demonstrations ; but as his later theories, beautifully simple, and only wanting the confirmation of truth, come to be catechized by

those who are largely engaged in the treatment of these diseases, it seems not at all improbable that the primary opinion may be preferred to the more recent, and it may turn out that syphilis behaves exactly like other diseases, by affecting different persons in a totally opposite manner.

This is the opinion which, after many years of long and anxious observation, in both hospital and private practice, I have been compelled to adopt; and I look upon this as the grand fundamental doctrine, upon which we should ground all our treatment of the disease. The individual, and not the virus, governs the character of the chancre, and at the same time determines the acceptance of, or the resistance to, constitutional symptoms. Upon no other hypothesis is it possible to explain the relapses which every honest surgeon must acknowledge do occur, after the most careful treatment by mercury, and by iodide of potassium, the two supposed specifics for syphilis in its different stages.

This opinion is not taken up lightly, and certainly not in a spirit of opposition to established theories, for no man can respect more highly than I do the labours of the French and the Irish surgeons especially, in the investigation of the pathology of this disease; but called upon as I have been at the Royal Free Hospital, during the last seventeen years, to observe and to treat many thousand cases of syphilis in all its varieties, I have lost no opportunity of comparing the different methods of treatment, both in my own practice and in that of my colleagues; and I find it impossible to resist the conclusion to which I have referred, or to base the treatment of this disease upon any system but that of adapting the remedy to the peculiarities which mark every individual affected. It will strengthen the position I am anxious to establish if, by a negative process of reasoning, it can be shown that the theories put forth by the French school, and largely

accepted in this country, are not supported by nature ; and that as a consequence, the practice founded thereon is not followed by that ultimate cure of the disease which ought to be brought about.

In the first place, perhaps there is no axiom so strongly asserted by the dogmatists in this country as that an indurated "Hunterian" chancre must be followed by secondary symptoms, is, in fact, the first of a series of constitutional symptoms which will necessarily be developed, unless the patient undergoes a mercurial treatment, varying in its duration from six weeks to six months. To this statement I will reply by showing that the Hunterian indurated chancre may be treated without mercury, and that in many instances no constitutional effects will result. This may perhaps be the most favourable opportunity for demonstrating also that, when secondary symptoms do follow this chancre, they are less severe when mercury has not been administered, and do not recur time after time, as is certainly the case in those patients who are treated with mercury.

It is a most singular fact, that Ricord himself is the best witness to bring against his own followers, for we find in his Lectures the following remarkable statement:—"I must distinctly state that every one is not likely to contract this secondary affection ; some people are refractory to it, whilst it may be said that no one is inaccessible to chancre. There are people who have had chancres repeatedly, and who never suffered from secondary symptoms, whilst there are others with whom a single chancre will suffice to give rise to them. From these facts, I think it may be inferred that, for the manifestation of constitutional syphilis, *certain peculiarities lying within the individual*, which have as yet escaped detection, are indispensable, and that syphilis is, in this respect, on a par with other contagious diseases." This is one of the many practical expositions

of Nature's own laws which are to be found in the works of this excellent surgeon, and they go far to correct the scholastic theories which have been accepted, without these corrections, by a large portion of the surgical world. Fortified by this statement, I will venture to oppose my own experience to that of the mercurialists, and say, that it is not true, that a person who has contracted a Hunterian chancre must necessarily have secondary symptoms, unless the constitution be placed under the influence of mercury. I know now, and have watched for years, several persons who have had unmistakeable Hunterian chancre, who have taken no mercury, and who have enjoyed a perfect immunity from any syphilitic constitutional symptom. Eight years ago, I saw a gentleman who had a hard chancre on the prepuce, the size of a horse-bean. He was a strong, healthy young man, living much in the open air, taking plenty of exercise, and of a cheerful, sanguine temperament. All the treatment employed was smearing the chancre with mercurial ointment every night for about a fortnight. The chancre healed quickly, but the induration remained for some months. Of course no effect upon the constitution was produced by this local application. Nevertheless, from that time to this no secondary symptom of any kind has made its appearance. As a "per contra," I may state that I have recently seen a lady who, some years ago, contracted syphilis from her husband. She has been under the care of three surgeons in this metropolis who have written upon this subject, by whose advice she has used mercury in various forms, internally and externally, assiduously and repeatedly for several months. She has also employed, under the most eminent advice, Iodine in its different compounds, and still the syphilis repeatedly crops out in the form of eruptions, and even exfoliation of the bones. If, imitating a voluminous writer upon this disease, I were to take

these individual instances as representative cases, what a satire upon art would they present, and with what boomerang-like recoil would they mangle, if they did not destroy, the theories of the same author, who, repudiating altogether the *vis medicatrix nature*, says "we no longer imagine Nature capable of throwing off the peccant humours, although some still treat syphilis as if this were possible;" and again, "I presume there are few in the present day who *dare* to treat indurated chancre with local treatment only."

It is, however, out of the sphere of my aim, which is to arrive at the best treatment for the great multitude who are the victims of this disease, to argue from outside cases, even though they be sufficiently frequent to make them beacons to warn, if they may not be compasses to guide. It is from a class of cases which hits neither of these extremes that I would derive the practical and useful lessons of experience, because it is a class so numerous that it should of necessity govern our general treatment. If a large number of cases of indurated chancre be treated upon the principle of elimination by the skin, by the kidneys, and by the liver, accompanied with the application of a stimulant to the chancre itself, it will be found that in not a few instances there will be no secondary constitutional symptoms at all. That this is a fact which may be relied upon, is happily not dependent upon my assertion or experience only, but is vouched for by M. Ricord himself in the following sentence, taken from the Lectures already referred to:—"When the lymphatic glands have escaped, *notwithstanding the existence of indurated chancre*, it may confidently be foretold that there will be no secondary symptoms." Now, this admission, taken in conjunction with another equally pregnant sentence, which I will take the liberty of quoting from the same authority, would seem to

give confirmation strong to all I would advance in this matter, were it not for that theory—I had almost said that hobby—of M. Ricord, respecting the specificity and the non-specificity of hard and soft chancres, which has been mistaken for a real horse by the Professor's followers in this country. It is quite evident from the opinion I am about to quote, that M. Ricord himself did in his heart adhere to his early opinion—viz., that the ground upon which the seed was sown disposed the ultimate results of the infection. He says:—"It may be said that the infection is of itself sufficient for the production of the secondary symptoms, but it cannot be denied that there are certain adjuvant causes, the study of which has hitherto been too much neglected. These causes are far from being all known, but among them we may reckon the hygienic condition of the patient, errors of diet, alcoholic excesses, climate, sudden changes of temperature, particular seasons, dissipation, unwholesome food, anxiety of mind, &c." There can be no doubt that it depends upon these "adjuvant causes," together with others derived from hereditary predisposition, whether the cure of an indurated chancre is possible without mercury, and without a sequence of constitutional symptoms. I have amongst my notes of cases very numerous instances of cures effected without mercurialization, and, as far as I could trace the patients, without any secondary manifestations. Of course it is impossible to be quite sure that no further symptom has appeared in some cases, and that the patient has not taken other advice, but in many instances I have been able to verify the fact of the continuance of the cure by the attention of the patients to my wishes, to show themselves again and again, until there was no doubt about the immunity. The time of this immunity is fixed by M. Ricord thus:—"There is not much fear, with reference to secondaries, when a whole year

has elapsed since the contagion without any sign of them, and that no mercurial treatment has been used." I believe it is in accordance with the opinion of other authors, as it is with my own experience, that secondary symptoms, if they are to follow the primary sore, do so within four months at the latest, unless they are kept back by mercurial treatment. In addition to the case I have already referred to, I would mention that of H. N., aged twenty-two, a healthy young man, of sanguineous temperament, who contracted a hard chancre on the prepuce, with a chain of indurated glands in both groins, in January of this year, 1861. Black-wash healed the ulcer, but left a hard lump with a dry scab on the surface. I ordered him a mixture of chlorate of potash and hydrochloric acid, and directed him to smear the hard lump with mercurial ointment night and morning. Thinking himself well after the second week, he discontinued his treatment; but from inattention, or possibly renewed irritation, at the end of the third week he returned with the ulcer reopened, the induration remaining as before. I ordered him to continue his chlorate of potash and acid medicine, and to apply a weak solution of sulphate of copper. A week afterwards, the chancre was healing kindly. On the following week it was quite healed, the hardness at the base of the sore was diminished, and the enlarged glands were getting less. Two weeks after that the induration was nearly gone, the glands had returned to their natural size, and there was no eruption on the skin, or any secondary symptom whatever. He returned to the hospital every week for six weeks after this—that is, fifteen weeks from the time of infection, and no secondary symptom of any kind had made its appearance. I select this case at random from a vast number, and do not point it out especially as a representative one, but it is sufficiently so to show that the non-mercurial treat-

ment may be adopted, at any rate, with impunity, if not with at least an equal amount of security, to the patient.

Another class of cases to which I would now refer is that of those in whom secondary or constitutional symptoms are developed, in consequence of having contracted an indurated chancre. It is taught by M. Ricord, Mr. Henry Lee, Mr. de Méric, Mr. Acton, and others, who follow the French school, as well as by most of the men of the Dublin school, that when an indurated chancre appears, the patient must be at once placed under the influence of mercury, in order that he may have the best chance of escaping secondary symptoms. Few, if any, of these surgeons will affirm that such treatment will certainly prevent the evolution of these symptoms; nevertheless, all are ready to adopt a plan which, it is acknowledged, impoverishes the blood; which must be continued for six months in order to be effectual, and which even then may not prevent, in fact, may probably aggravate, the disease it is given to destroy. The principle upon which this mineral is administered is not clearly defined by any of these writers. It must be either as a specific agent, which is supposed to destroy the toxæmic influence of the syphilitic virus in the various tissues of the body, or as an eliminative power by whose means that virus is expelled from the whole system. But we do not find that either of these principles is positively asserted. There is certainly a strong leaning in all these authors towards a belief in the antidotal power of mercury, rather than in the more philosophical eliminative theory, which has the support of no less an authority than Dr. Cullen. In his remarkable work on the *Materia Medica*, this distinguished physician observes that "the chief reason for supposing that mercury cured by being an antidote, was, that no other good explanation was given how it otherwise cured the disease.

But it is incumbent on us to obviate a conclusion we do not admit of; and therefore, that we should attempt a difficult problem, which is, to explain here in what manner mercury does cure the venereal disease. We are well persuaded that it does it by increasing the excretions by which the poison is thrown out of the body. In support of this opinion, we observe, that we have not known any instance of the disease being cured without an excretion taking place. It seems commonly to be especially by the mouth; but we always observe that this excretion is attended with some degree of inflammation of the mouth; and commonly it is so much as to affect the whole system, so as to induce in it a phlogistic diathesis. This mark of mercury's stimulating the whole system, with what was said above of its affecting the whole excretories, will sufficiently show that in its ordinary operation, by its promoting all the excretions, it may thereby evacuate every poison that shall happen to be present in the mass of blood, and may thereby cure the venereal disease. We have said that its chief and most evident operation seems to be in the mouth; but I hold this to be necessary only to show that mercury, in an active state, has been introduced into the body; and it does not necessarily imply that the venereal poison passes out of the body more readily by the excretories of the saliva than by any other course, for when a salivation is excited, there is at the same time marks of the other excretions being excited; and practitioners now know very well, that by a long continuance of the other excretions the disease may be cured without salivation; and if there are instances of salivation being more effectual than any other measure, it may imply no more than that, in certain cases, a larger quantity of evacuation is necessary than in certain others." This opinion, emanating from so matured and cultivated a mind, carries with it the suffrages

of our reason ; whilst practical experience of the effects of mercury in this and other diseases, gives substantial support to the explanation Dr. Cullen has afforded of the method of action of this drug in the cure of syphilis. If the advocates of the antidotal theory could show that mercury would certainly by some inexplicable power neutralize and overcome the venereal virus in the system, then would my reason bend to an accomplished fact, and I would accept as a boon, without further question, the valuable specific. But when experience shows that mercury does not prevent the evolution of secondary symptoms, when we see daily that in spite of, if not in consequence of its administration, these symptoms are prolonged and aggravated, that the general stamina of the patient is undermined by its influence, that not only do the skin and soft parts generally continue to be affected, but that the bones themselves die and exfoliate in those who have taken this vaunted specific, then it does seem to me time to look about us for better theories, and better practice ; and I am much mistaken if these will not be found in the process of elimination, not by mercury only, and certainly not by it in the manner in which it is recommended by M. Ricord and his followers, but by other means, which excite the secretions without diminishing the vital powers, and by giving such support to those powers, that they shall themselves be enabled to throw off by increased excretions, the animal poison, which is destroying their natural healthful reproductive influence.

It is acknowledged by Mr. Henry Lee that mercury carried to salivation, and then left off, does not prevent secondary symptoms, but, in fact, aggravates them. Mercury, in order to be effectual, he says, should be employed for eight weeks ; but I do not find in any part of his recent article in Holmes's *System of Surgery*, that he promises an immunity from constitutional

symptoms by this perseverance ; and further, I remark, that he places but slight confidence in iodide of potassium, declaring that it relieves only, and does not cure the secondary manifestation. "The length of time for which the mercurial treatment is to be continued," says M. Ricord, "is about six months ; perseverance in the remedy for this period has seemed to me to retard the manifestations the most effectually. So, then, I would advise you to persist for about half a year ; but I am sorry I cannot promise you that this will certainly and truly prevent the tertiary, or other forms of secondary symptoms from appearing. *I am every day more convinced of this melancholy fact.*" Although by education a mercurialist, and also a supporter of this plan of treatment in his published writings, I think I am breaking no confidence in saying that I have heard my friend, Mr. de Méric, bemoan the insufficiency of mercury in syphilis, remarking how frequently both in public and in private practice, notwithstanding the most careful perseverance in mercurial treatment, patients would return with secondary symptoms.

How is it possible with such evidence as this from the friends and supporters of the antidotal practice, to maintain any confidence in a treatment which is entirely empirical, which is certainly opposed to reason, and which has not the merit of being successful.

The influence of custom has been so strong in governing the practice of M. Ricord especially, and by his example that of numerous others, that the apophthegm of Lord Bacon, "*Cogitamus secundum naturam ; loquimur secundum præcepta ; sed agimus secundum consuetudinem,*" seems fairly applicable to the men of this school.

The arguments used in favour of mercury are, that it sometimes succeeds in preventing the constitutional affection, and

that if it fails in so doing, no harm is done, since mercury is given in other diseases without producing injurious consequences. It has already been demonstrated that secondary symptoms do not necessarily follow an indurated chancre. The constitution may resist the virus, as it will resist at times the poison of a dissection wound ; and this it may do, perhaps, even under the debilitating effects of a mercurial course. Those who have seen caries of the bones of the face, exfoliation of portions of the skull, the body covered with rupial sores and crusts, and destruction of the palate and fauces, as I have, subsequent to the mercurial treatment of syphilis ; will be slow to admit the second proposition, that no harm is done. In no one case of bone disease in a syphilitic patient, and I have seen a great many, did I ever find that mercury had been omitted in the early treatment. It was only a month ago I had occasion to remove a large portion of the upper jaw, which had become necrosed, in a patient who had twice been salivated. M. Ricord himself admits that mercury has an impoverishing influence on the blood, and mentions apoplexy even as one of its effects. The patient he refers to sank under the symptoms, and by the chemical analysis of the substance of the brain, metallic mercury was discovered.

But what is the history of the use of mercury in syphilis in modern times, *i. e.*, since the pathology and diagnosis of the disease were put upon a tolerably clear footing by Hunter and Abernethy, and Colles and Pearson? Was it not an essential part of the treatment in the estimation of these celebrated surgeons, that salivation was necessary to show that the mercury was acting on the system, and that as long as it was considered requisite to continue the mercury, so long should the salivation be kept up?

And now what does M. Ricord say upon the same subject?—

“The curative action of mercury is generally suspended from the moment the morbid symptoms, which properly belong to this mineral, begin to show themselves.” Can we believe it possible that any serious alteration has taken place in the human economy, between the times of Hunter and Ricord; or that there is so much difference between the climate and habits of the people of France and England as to make what is true in one country, false in the other? That this is not the impression, may be shown by the abandonment of salivation in this (Hunter’s) country; and the adoption of Ricord’s recommendations by that section of English surgeons who follow the French professor. The failure of one mode of administration has been followed by the trial of a different method, and the want of success which attends the later system will lead, it is to be hoped, to the abandonment of mercurial treatment entirely, and the adoption of the natural method of cure by elimination. We have already seen with what lukewarm satisfaction even this milder form of mercurial treatment is propounded by its author; and well may it be so, for even this very day have I witnessed a signal instance of its worthlessness. A young man of sanguineous temperament, and always in excellent health until affected, contracted three months since a chancre, with glandular enlargements in both groins. He placed himself under a surgeon who gave him mercurial pills twice a day for the whole of the three months. He was never positively salivated. Twice during this treatment did iritis make its appearance. The chancre healed and the glands were reduced to their normal condition, but twelve days since the penis and scrotum became covered with a scaly eruption, accompanied with much itching. A papular eruption is beginning to show itself on his forehead; and his general health is much disturbed. He is no longer the strong man he used to be.

The occurrence of this case on the day that I am writing has induced me to mention it, but I have amongst my notes a host of similar cases, of which this may be taken as an example.

In this short review of the modern history of the use of mercury in syphilis may be recognised the results of Art as applied to the cure of this disease, by men eminent in their profession, but, as it may be humbly suggested, too much given to follow reason in a vicious circle, and not sufficiently bold to enable them to shut the book of Art altogether for a time, to be re-opened only after Nature herself has been again well studied and proved.

Accidental circumstances led me to the observation, some years ago, that an indurated chancre was not necessarily followed by constitutional syphilis. I have already quoted instances. I thought that these cases, taken together with the unfavourable results obtained from mercurial treatment, would be ample justification for "daring" to abstain from mercury entirely. By this proceeding I observed, that although some persons were exempt from any constitutional affection, others had cutaneous eruptions, sore throat, and falling of the hair, but in a remarkably modified form. I remarked also, that this process having been gone through, and no mercury having been administered, the patient recovered, and no relapse occurred, except in those whose habit of spirit-drinking prevented the restoration of the tissues to their normal condition. A long-continued observation of the results, produced in Nature's own workshop, could not fail to convince any one, whose mind was not biassed by a foregone conclusion, that the cutaneous eruption was the natural means of relieving the blood of the venereal virus with which it had been inoculated, and that by suppressing this purifying process, the virus was retained in the system, to spend

its venom upon deeper seated and more important tissues. Here we see the great fundamental error of the mercurial treatment, which not only checks the natural cure of the disease, by cutaneous elimination, but adds to the tissues already poisoned, a metal, whose influence tends most unquestionably to increase the dyscrasia already existing. As long as this counter-poison is in use, the cutaneous eruption is kept in abeyance, but as soon as its influence is removed, Nature asserts her own supremacy, and the disease is thrown upon the surface, unless indeed the depressing influence of the mercury has been so great that poor Nature is cowed, and she has not any longer the power of carrying out her own good intentions.

The old term "Pocks," which has become so vulgarized by an alteration of the spelling, that it is never mentioned to ears polite, sufficiently indicates the natural course of the disease, as it was observed nearly four hundred years ago, when it was considered to be, as cholera and diphtheria have even recently been considered, a new disease. The system having become impregnated with an animal poison, derived from another person similarly affected, as in the case of variola and vaccinia, an eruption, either pustular or vesicular, made its appearance on the surface of the body, and provided due care was taken to promote the free action of the cutaneous surface, it gradually subsided, leaving the system relieved of the poison with which it had been impregnated.

I have already shown that the earliest observers and writers upon this disease noted this natural resolution of the malady, and acting upon their observations, did everything to promote the secretion from the skin, by medicines, by violent exercises, and by warm bathing. Recently we have had the testimony of the great African traveller, Dr. Livingstone, whose early medical

studies have qualified him to speak *ex cathedra* upon such a subject: that syphilis, amongst the natives of the interior of Africa, is of the mildest and most transitory nature; but that when these people go into the large European settlements, and dissipate by spirituous drink and other debauchery the native healthiness of their constitutions, then the secondary symptoms are of a most virulent character. The same observation was made also by Captain Cook, whilst visiting, in his Voyage of Discovery, the native tribes of the Sandwich Islands. These experiences, added to the carefully conducted experiments of the army surgeons in this country, in Portugal, and in France, already referred to; and those of Dr. Fricke, in Germany, assist us much in our inquiry, and enable us to put that confidence in the conservative and reparative powers of Nature, which is denied to her by Mr. Acton, and, inferentially, by all those who consider that mercury is necessary as a specific agent, for the destruction of the venereal virus.

Assuming, then, that Nature has a power within herself of throwing off "peccant humours," but that civilization inculcates habits, and enforces duties, which militate against the exercise of those powers, in force sufficient to overcome the toxæmic influence of the syphilitic virus; our evident duty is to pioneer the path for her, by checking injurious habits, whether they apply to the external, or the internal, parts of the body; and so to support the living organism, that Nature, or, in other words, the inherent powers of the constitution, shall be enabled to carry on the work of restoration, unimpeded by the stops, which have grown like moss around the old world we live in.

If the principle I am contending for be admitted, and frankly adopted, every experienced surgeon will know how to set about the pioneering work I suggest. There are various modes of

arriving at the same result, and if, as we know, each person differs as much in his bodily idiosyncrasies, as he does in his mental calibre—*tot homines quot sententiæ*—of course no one plan will be effective in all. My own experience—and I must have seen several thousand cases of hard chancre and its consequences—inclines me very strongly to the use of chlorate of potash and hydrochloric acid, as the principal means of assisting Nature to eliminate the poison from the system. That it has this action I am fully convinced, but the *modus operandi* is not quite so easy of explanation as one could desire. Mr. Bastick, an excellent practical chemist, who studied under Liebig, has examined for me specimens of the urine of patients who were taking this combination, and he tells me that he found chlorates in abundance. From this it would be assumed that the chloric acid does not break up during the assimilation, and yield its large equivalent of oxygen to the tissues. But when we remember that there are chlorates in the natural constituents of all urine, and that we are daily taking common salt—the chloride of sodium—in large quantities as an article of diet, it will be seen that it is almost an impossibility to solve the question by any chemical analysis. In children, the action of chlorate of potash, in combination with hydrochloric acid, is perfectly marvellous; proving that it is utterly impossible that it can pass through the body without undergoing change. In syphilis, no less than in many other diseases, its influence for good is so marked, that I am resolved to believe, until it can be proved to the contrary, that it carries a large quantity of oxygen, as well as chlorine, into the blood, and that these gases combining with the constituents of that fluid, depurate it; and so we get, as it were, at the back of the disease, and push it out of the body by gradually substituting a healthy for a vitiated vital fluid. If

the habits of the patient be good, and in accordance with the instructions of the surgeon, a syphilitic patient will always improve under this treatment. His general aspect will brighten, his appetite will return, the eruption on his skin will subside, the chancre will heal readily with the assistance of a little black-wash, or a mild solution of the sulphate of copper, the induration will diminish, and the glands in the groin will return to their natural size. Besides acting chemically on the blood, it is well known that chlorate of potash increases the secretion from the kidneys, and by this means also the system is aided to throw off the peccant humours. The skin, being Nature's own chosen emunctory, is assisted by these friends and fellow-labourers, in expelling the vicious intruder.

In some sluggish bilious temperaments it may be desirable to call the liver into increased action also, and for this purpose only, not as a specific, and certainly not with the object of salivating, benefit is obtained by the administration of a few grains of blue pill, or a grain of calomel in the form of Plummer's pill, at bed-time for three or four nights.

Much confidence has been placed in the curative effects of iodide of potassium in secondary symptoms, but I must confess that I have seen so many instances of its failure, and some of its injurious influence, that I have lost much of my regard for it, except in cases accompanied with severe periosteal pains, and especially if mercury has been previously employed. There is no question about the value of this drug in relieving these pains, but as soon as they are relieved, my experience teaches me that the iodide of potassium has done its work, and that it may be at once usefully supplanted by the chlorate of potash and acid. The dose I usually order of this medicine is fifteen grains of the salt and twenty minims of the dilute acid in an ounce of water, with

some syrup of orange-peel ; or if a tonic be necessary, some vegetable infusion, such as gentian or calumba, may take the place of the water. If iron seem to be called for, owing to the presence of any anæmic symptoms, the muriated tincture goes admirably with the chlorate of potash.

It is not of any great importance what application is used to the chancre, provided it be kept scrupulously clean. The mild copper lotion generally heals it very rapidly, the black-wash less quickly, perhaps, but this is a very soothing application. If there be much inflammatory action, a lotion composed of oxide of zinc and water, or of liquor plumbi and water, one part to twenty, will be found the most comforting and healing. After the ulcer has healed, a little gentle friction with the blue ointment assists to disperse the remaining induration, and the enlarged glands in the groin may also be usefully stimulated in the same manner. The patient should be instructed to use only a very small quantity of this ointment in these frictions, lest the constitution should become affected ; and if it has no effect after a week's use, I order it to be discontinued. This employment of mercurial ointment is frequently unnecessary, as the induration subsides concomitantly with the abatement of the other symptoms.

Falling of the hair, which sometimes attends the constitutional affection, may always be remedied by the use of the unguentum hydrargyri ammonio-chloridi, as a pomatum. Ulcers in the throat, on the tongue, and inside the cheeks, are best treated with a gargle exactly similar to the chlorate of potash mixture, with an occasional application of the solid sulphate of copper. When the cutaneous eruption lingers, as it sometimes will, about the wrists and palms of the hand and other parts, I have found that the unguentum hydrargyri nitrico-oxidii used every night scarcely ever fails to remove this source of annoyance.

There is no question about the value of these external applications of mercury as adjuvants to the appropriate constitutional treatment. The use of the mercurial vapour-bath, if adopted with that limited view, is very serviceable, but if it be employed to produce a specific effect upon the constitution, it will prove, as it has done in times past, a mischievous, if not a dangerous revival. I have seen several persons recently who have been submitted to this method of treatment, and I am sorry to say that the relief obtained has been most transitory, owing, I fear, to a too sanguine dependence upon this application exclusively.

The hot-air bath, now called the Turkish bath, has been used in all times with great advantage; and there is no doubt that the profuse perspiration obtained by this means assists in eliminating the syphilitic poison very considerably. I have recently directed several patients to take one of these baths twice a week, and have thought it facilitated the cure. It must, however, be borne in mind that this measure is a violent one, and should not be employed by persons who are naturally weakly, or who have any tendency to heart or lung disease. It is most especially useful in those who have lived luxuriously, or who have a natural tendency to congestion of the liver.

I would here say, also, that whatever the treatment which may be adopted for the elimination of the syphilitic poison, it is necessary to commence with a free evacuation of the bowels, which should be repeated if requisite until the tongue is quite clean.

A generous diet is called for in all cases, to supply healthy nutriment to the system, which has already been wasted by the disease, as well as to replace the excessive evacuations by skin, kidneys, and bowels, which have been called forth by the necessary treatment. The simpler and more nutritious the diet can

be, the better will it assimilate, without calling for great exertions on the part of the digestive organs. Milk and eggs, plain joints of mutton or beef, salmon and oysters, with well-cooked vegetables and bread, should form the staple food. A little generous wine, or good unadulterated beer, may generally be allowed; but smoking should be prohibited, since there is no doubt that it contributes to relax the muscular fibres, by diminishing the nerve power which rules them.

Warm clothing, warm rooms, and a genial temperature, are very necessary to the comfort, and also to the cure of these patients. East winds are especially provocative of periosteal pains, and aggravate generally all the symptoms. In our severe spring and autumn months, more than in the winter, it is very desirable for syphilitic patients to get away to the south and west of England, or to some of the warm Continental resorts.

CHAPTER IV.

WE have hitherto been considering that form of venereal ulcer which alone, according to many surgeons, gives rise to constitutional symptoms ; and we have now to devote a short space to the pathology and treatment of another venereal ulcer, which, in the words of a Ricordian pupil, "is always a local affection, and does not affect the system, and no specific treatment is required."

The soft chancre, in its most characteristic form, is round, with the edges slightly elevated, secreting pus rather abundantly. It is seldom solitary, and frequently so multiple that a chain of them may be observed around the cervix penis, beneath the corona glandis. When this ulcer attacks other parts of the penis—and generally as seen in the female—it does not observe this regular form, but it always secretes purulent matter freely, which is, in fact, its chief distinguishing point from the hard chancre. There is, of course, no induration at its base, although the classic grain of salt must be thrown into this statement, as many ulcers of this character do obtain a certain amount of hardness. Indeed, so frequently is this the case, that writers upon this subject have to explain that there is an induration, the result of common inflammation, which has obtained the name of "bastard chancre." This subject has been already referred to. The soft chancre occasionally gives rise to active inflammation of

the inguinal glands, terminating in suppuration. It is said that this is a diagnostic mark, distinguishing the soft from the hard chancre ; but my experience does not lead me to think that it can generally be relied upon, and I believe I am supported in this view by Mr. Holmes Coote. I have watched this matter narrowly for some time, and find that bubo attends the hard chancre only a trifle less frequently than it does the soft chancre, and that the constitutional symptoms may be present at the time that the bubo is discharging. It is by no means easy for a surgeon who is not largely engaged in the treatment of this disease, to recognise the distinctions made between the different forms of induration which accompany venereal ulcers. About twelve months since, a young gentleman came under my care, who had been treated for some time by a surgeon of large practice, and very good repute, for hard chancre ; that is to say, he had been administering blue pill for several weeks. The effect produced was most alarming : the poor fellow was so reduced that his mind was quite thrown off its balance. He declared himself dying, and had even promptings to self-destruction ; yet he objected to give up the mercury, because he understood that, if he did, he would be sure to have secondary symptoms. The ulcer itself was on the prepuce, and had a hard, but not a Hunterian hard base, and it was extending. I persuaded him to give up the blue pill, ordered him a tonic and a bottle of port wine daily, with a sulphate of copper lotion to the sore. In one fortnight he was well, and no secondary symptom has yet appeared. I quote this case especially, because the surgeon under whose care the patient took the blue pill, is intellectually above the average run of men, and has had considerable opportunities of studying the varying aspects of disease. He believed that he had before him a chancre, that would infect the system,

unless the virus was destroyed by mercury ; and the belief in the power of mercury was so strong, that he was blinded to the dyscrasia he was producing in the system. Are not these very probable mistakes, a further argument for the abolition altogether, of the unsatisfactory treatment by mercury ?

The soft chancre is defined as a non-infecting sore ; and if it were so, this part of my subject might be closed with the direction to apply a sulphate of copper lotion three or four times a day, and the patient would be well in a fortnight. It unfortunately happens, however, that this very pretty and classical distinction between the hard and soft chancre will not "hold water." Carmichael, and Wallace, and Rose, and Hennen, and Samuel Cooper, years ago proclaimed this fact—that secondary symptoms would occasionally appear after the healing of a soft chancre. Mr. Langston Parker is of the same opinion ; and I would venture to add my experience to the same effect. I have now under my care a gentleman, himself a surgeon, who is confident that he never had an indurated chancre, although he has had a soft one ; and yet he has syphilitic psoriasis of a most marked character. I have seen, over and over again, a soft chancre followed by a papular eruption, with falling of the hair, and sore throat, but certainly never by affections of the deeper-seated parts. It may be that this latter circumstance is due to abstinence from mercurial treatment. As a strong man will resist the toxæmic effects of a hard chancre, so a man of weakly constitution, especially if he has inherited a strumous diathesis, or has acquired a tendency to disease by any irregular habits, will be constitutionally affected by the imbibition of the secretion resulting from a soft chancre.

It becomes necessary then to keep this possibility in view, and so to build up by generous diet, and appropriate tonic treatment

all these cases, that the occasional decadence into a constitutional dyscrasia shall not be permitted to happen. I have already referred to the sulphate of copper, as being an appropriate stimulant to the ulcer, but in very irritable persons the black-wash is less stimulating, and in the event of there being much inflammation around the sore, a lead lotion is still more soothing.

The suppurating bubo, which at times accompanies the soft chancre, is troublesome enough, although not so sluggish in its progress, as is the bubo which attends a hard chancre. The inflammation is generally very acute, and it runs its course so quickly, that time is saved by at once promoting suppuration, instead of adopting any of the many very abortive means suggested for staying its progress. If matter be induced to form quickly by warmth and poultices, the abscess may be evacuated, and it will soon heal ; but if blisters, iodine, discutient lotions, &c., be employed ; in the greater number of instances, they will have proved useless for the purpose for which they were prescribed, and the promotion of suppuration will have to be carried out at last. It is impossible to shut one's eyes to the fact, that a suppuration of this kind must tend to eliminate from the system any *materies morbi* that may have been implanted therein.

The *phagedænic chancre*, although not always, is frequently followed by secondary symptoms ; but I think there are very few, if any, surgeons in the present day who would put such a patient under a prolonged course of mercury. This was not the case fifty years ago ; for we find Pearson advocating a mercurial course in such cases, and repeating it until the poor patients were nearly moribund. Supporting treatment, with opium to allay irritability, is generally called for, and the local application most appropriate is a lotion composed of the per-

manganate of potash, two grains to the ounce, with a dash of spirit, and some laudanum. When the sloughing is progressive, the strong nitric acid must be applied freely to the part.

There are many other matters of detail, which are properly described in the systematic treatises, to be found in every library.

There is, however, one other matter, which yet divides in opinion many of the most learned in this branch of surgery ; and that is, the possibility or otherwise of communicating secondary syphilis. It is a practical point of considerable importance to families, and should be, if possible, decided.

Hunter, as we all know, considered the inoculation of secondary syphilis impossible, and Ricord, until very recently, entertained the same view. It is said that he is willing now, in some degree, to modify that opinion. Colles, and Wallace, of Dublin ; Hey, of Leeds ; Waller, of Prague, and Mr. Henry Lee, have given proofs of the possibility of this communication. I have myself had under my care well-marked cases, confirming the views of these gentlemen, one of which was published in the *Lancet* last year. A fine boy, seven years of age, came under my care at the Royal Free Hospital, covered with an eruption, which could not be mistaken for anything but psoriasis syphilitica. He had also enlargement of the occipital glands, the throat was inflamed, and he had recently, from being a very healthy boy, become cachectic. His mother, who brought him, was herself affected with the same eruption. She had also ulcers on the inside of her lips and cheeks, and had suffered much from rheumatism. Her husband had given her primary syphilis one year before. After being "cured" of this, secondary symptoms appeared, and she was treated, and got well. She remained well, until about six weeks before applying at the Hospital, and had since that time been

affected as stated. The boy slept with her, and she was of course accustomed to kiss him occasionally. One month after the reappearance of the disease in the mother, the son became affected in the manner already described. A servant-girl, with syphilitic sore-throat, scaly eruption, falling of the hair, and condylomata, took a boy of twelve years of age, in her master's house, to bed to her. He was subsequently covered with a similar scaly eruption, and at the same time had a ragged, unhealthy ulcer on the penis. These cases are strong corroborations of the opinion, that under certain circumstances secondary manifestations may be conveyed from one person to another.

A further fact in illustration of the communicability of secondary syphilis comes before us in a manner which renders a doubt upon the matter impossible; and that is, that the *foetus*, diseased from its first vivification, although the father shall have no primary symptoms at the time of coition, may communicate constitutional syphilis to the previously healthy mother, in whose womb it has been created.

A strange illustration of the inherent power which belongs to the human body of throwing off this disease, has lately been given to the world by some curious enthusiasts in France and in Norway, whose wrong conclusions from right premises, evidence almost as great a divergence from the usual reasoning of mankind, as does that of the man who, reasoning rightly from wrong premises, is, by the consent of all men, shut up and taken care of by the State. Taking its rise in France, it is from Norway especially, that we are favoured with statistics intended to show, that by the inoculation of the syphilitic virus upon a person who has secondary syphilis, and who has not taken mercury, he will be cured. M. Boeck, of Christiania, refers to his experience in

300 cases, and says that, by following out this proceeding, 290 out of the 300 were cured. The wildest homœopath, fresh from the cobweb mysteries of German transcendentalism, would scarcely venture to accept this illustration of his favourite dogma as a *propter hoc* upon which a system of treatment may be founded. The true explanation of the happy results obtained in these cases is, the abstinence from mercurial treatment, the dependence upon the eliminative powers of Nature herself to expel the poison, in spite even of the attempted re-introduction of the virus.

Whilst placing full confidence in the reparative powers of Nature to cure syphilis, when circumstances favour the free exercise of this inherent quality, I am fully aware that there are many causes which tend to obstruct this function. Not one, but many circumstances combine, to give those special peculiarities to the venereal ulcer, which have led men to classify them as distinct diseases. It is quite certain that this division will not stand. There is no doubt that these ulcers are intercurrent, showing that the peculiarities of the individual upon whom the virus is implanted will determine the character of the ulcer which follows the infection. The same female has been known to communicate a hard chancre to one man, and a soft chancre to another. One man has a disposition to plastic inflammation, another to suppurative inflammation ; and these dispositions are founded upon constitutional differences, which may be either hereditary or acquired.

The hereditary causes which determine the extent and nature of the mischief produced by the venereal poison are partly those which are generally recognised as pathogenetic, such as scrofula, gout, syphilis, and cancer ; but principally, and in a most marked degree, these effects may be traced to the peculiarity of

temperament which appertains to every individual. The hard chancres are almost always developed in persons of a sanguineous temperament, whilst the soft chancre is seen in the phlegmatic. The sanguineous man throws out fibrine to put a girdle round, and encase the poisonous virus which his system is sensible of having been introduced upon its sanctuary; whilst the slower circulation of the phlegmatic man, irritated by the same poison, goes deliberately through the process of suppuration, by which means it not unfrequently succeeds in throwing off the whole of the virus.

Whilst these fundamental differences determine the character of the sore, and account, in some measure, for the more frequent appearance of constitutional symptoms after the hard chancre, by reason of the retention of the virus in the part, instead of its expulsion by ulceration, as in the soft chancre; there are secondary acquired causes which facilitate the introduction of the poison into the whole system. These are to be found acting largely in all towns of magnitude, deteriorating the vital energies, and inviting disease. The excessive indulgences of the table, smoking for hours in a confined atmosphere, excess in venery, competition in trade or in study, over-wrought faculties in any department, residence in a relaxing climate,—these, and many other circumstances which might be added, have a large influence amongst our population in preventing the free action of the power which is our birthright, of throwing off any poison we may have accidentally imbibed.

The result of these inquiries into the relative influence of Nature and Art in the cure of syphilis may be usefully epitomized thus :—

1st. That there is but one syphilitic virus.

2nd. That the constitution of the individual upon whom it is

implanted determines the character of the ulcer, and also the amount of constitutional disturbance likely to result.

3rd. That elimination of the poison by the skin is the natural method of cure.

4th. That mercury retards this natural cure, and substitutes a not innocuous means of relieving the symptoms for an uncertain period.

5th. That the method of cure pointed out by the natural history of the disease, being elimination, this process may be much facilitated by hygienic, dietetic, and therapeutic means.

6th. That secondary syphilis may be communicated from one person to another.

And lastly, That the supposed curative effects of syphilization are due to the inherent reparative powers of the constitution.

THE END.